


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 08:00 A
Secretary of State

DOCUMENT # H28067 1. Entity Name CAMPBELL CRESTVIEW MEDICAL CLINIC, P.A.	
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Principal Place of Business CRESTVIEW MEDICAL CLINIC 550 W REDSTONE AVE SUITE 200 CRESTVIEW, FL 32536 US	Mailing Address CRESTVIEW MEDICAL CLINIC 550 W REDSTONE AVE SUITE 200 CRESTVIEW, FL 32536 US
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01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2456613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOZIER, DAN
24 WEST CHASE STREET
PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000624782
02/14/07-80049-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, WAYNE E 550 W REDSTONE AVE SUITE 200 CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THIGPEN, LEE 550 W REDSTONE AVE SUITE 200 CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, JOHN T 550 W REDSTONE AVE SUITE 200 CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAMPBELL, DAVID M 550 W REDSTONE AVE SUITE 200 CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. CAMPBELL, M.D. 1/29/07 850-682-6122
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #